

bridging the gap

Research Informing Policies & Practices
for Healthy Youth

Research Brief
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Availability of Competitive Foods and Beverages

New Findings from U.S. Elementary Schools

Competitive foods and beverages include all items served or sold in schools outside of federally reimbursable meal programs.¹ Competitive products are commonly sold in vending machines, à la carte lines in the cafeteria, school stores and snack bars. Among elementary school students, classroom parties, student rewards, bake sales and other fundraisers also are major sources of such items.²

This brief reviews research on the sale and consumption of competitive foods and beverages in schools. It also presents the latest findings on the availability of these products among U.S. elementary school students.

Impact on Students' Dietary Patterns

Competitive foods and beverages are widely available in elementary, middle and high schools, and they have increased in prevalence over the past few years.³ National data show that students typically purchase high-calorie, nutrient-poor items, such as candy, cookies, cakes, brownies and soda, from competitive venues.⁴ Further, national studies indicate that many students who purchase lunch also buy competitive items in the cafeteria, and these students tend to eat less of their lunch, consume more fat and take in fewer nutrients.⁵ Among elementary school students, fundraisers and bake sales are significant additional sources of unhealthy foods.⁶ Several major studies have linked competitive foods and beverages with excess calorie consumption and obesity among school-age children.⁷⁻⁹

Setting Limits on Competitive Products in Schools

Despite efforts by leading authorities on children's health, including the Institute of Medicine (IOM) and the Centers for Disease Control and Prevention (CDC), students' access to competitive foods and beverages before, during and after the school day is virtually exempt from federal regulation. States and school districts, as well as parents, advocates and

community members, also have taken steps to ban or limit children's access to unhealthy competitive products, especially in elementary schools. Yet, new data from a national survey of elementary schools show that nutritional guidelines for competitive items are lax—and in some cases nonexistent.¹⁰

Key Findings from 2007–08

- Sixty-two percent of public elementary students could purchase competitive foods or beverages on campus, up from 59 percent in the 2006–07 school year.
- Less-healthy competitive products were commonly available: 44 percent of public elementary school students could buy foods such as potato chips, candy, cookies or french fries; 17 percent could buy sugar-sweetened beverages; and 38 percent could buy high-fat milks through vending machines, à la carte lines or other competitive venues on campus.
- Only 49 percent of students who attended a public elementary school with a wellness policy in place had nutritional guidelines for competitive foods and beverages—even though such guidelines were required by the federal mandate.^a
- About 70 percent of public elementary school students attended a school that had no guidelines regarding the nutritional quality of items sold through fundraisers.
- More than 50 percent of public elementary school students attended a school that did not restrict sugary foods during class parties or restrict the use of food as a reward for good academic performance.

^a The Child Nutrition and WIC Reauthorization Act of 2004 required school districts participating in federal child nutrition programs to adopt and implement a wellness policy by the beginning of the 2006–07 school year. The Act mandated that guidelines for competitive foods and beverages be included in the wellness policy.

Benefits of Offering Healthy Competitive Foods and Beverages

Schools that have replaced less-healthy competitive products with healthier items have reported no loss in revenues.¹¹ In fact, adding healthier competitive foods can even increase participation in the National School Lunch Program and attract new revenues.^{12, 13} Healthy fundraising options, such as walk-a-thons, book fairs, recycling fundraisers, auctions and car washes, may be even more profitable than selling unhealthy foods and drinks.¹⁴ Improving the nutritional quality of products offered in competitive venues also could help reinforce practices encouraged by school-based nutrition education and promote a healthier school environment for all students.

Policy Opportunities

Congress should give USDA the authority to update national nutrition standards for foods and beverages served or sold outside of school meal programs and apply them to the entire campus for the full school day.

States and districts should update their policies to ensure that all competitive foods and beverages available on campus contribute to a healthy diet.

About the Brief

Findings presented in this brief are drawn from *School Policies and Practices to Improve Health and Prevent Obesity: National Elementary School Survey Results*. The report examines practices relevant to nutrition, physical activity and obesity prevention during the 2006–07 and 2007–08 school years. Results are based on surveys of administrators at public and private elementary schools and represent about 21 million K–5 students for each year. The executive summary for the report is available at www.bridgingthegapresearch.org, and the full monograph will be released in late summer 2010.

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About Bridging the Gap

Bridging the Gap is a nationally recognized research program of the Robert Wood Johnson Foundation dedicated to improving the understanding of how policies and environmental factors affect diet, physical activity and obesity among youth, as well as youth tobacco use. The program identifies and tracks information at the state, community and school levels; measures change over time; and shares findings that will help advance effective solutions for reversing the childhood obesity epidemic and preventing young people from smoking. Bridging the Gap is a joint project of the University of Illinois at Chicago's Institute for Health Research and Policy and the University of Michigan's Institute for Social Research. For more information, visit www.bridgingthegapresearch.org.

Endnotes

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